



**VILLAGE OF BURNHAM**  
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 Burnham, Illinois 60633  
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**FREEDOM OF INFORMATION ACT REQUEST**

**PLEASE PRINT**

**Date of Request:** \_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Public Record Requested:** *(Please be specific- you may attach additional pages if necessary)*

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You may use this form or submit your own written request. Your request must provide a specific document request, your name, signature, current address, phone number.

**How do you wish to receive this request?** In Person:  Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mail to: \_\_\_\_\_

**Is this request for Commercial purposes?** Yes  No  It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5ILCS140.3.1(c). If you are requesting that the public body waive any fees, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5ILCS140/6(c). Applicable fees must be paid prior to release of documents. First 50 pages-No Charge./each page after .15 cents.

**Signature of Requestor:** \_\_\_\_\_  
**Received by:** \_\_\_\_\_ **ID Verified:** Yes  No  **Type:** \_\_\_\_\_  
**Date:** \_\_\_\_\_